Prior Notice



A confirmation of Prior Notice submission must be sent with all shipments to the USA of food products and beverages.

If you have a Chronopost account, our Prior Notice department will handle the Prior Notice submission required for shipments of food and drink to the USA.

Tel.: +33 170 06 05 30 Fax: +33 172 70 51 50 priornotice@chronopost.fr

Prior Notice support
Monday to Friday,
9 am to 1pm and 2 pm to
5 pm

Simply follow these three steps:

1

Fill in the attached Prior Notice form.

If you have a large number of products, you can simply send a pro forma invoice, provided that all the required information listed on the form is set out on the invoice, including your Chronopost account number and the parcel shipment number. The following sentence must be added to your invoices: "company name" "certifies that none of the above-listed products have ever been refused entry to another country".



Example confirmation of Prior Notice submission

- 2 Send the form or the documents by fax to +33 172 70 5150 or by email to priornotice@chronopost.fr
- Enclose the confirmation of Prior Notice submission with the other transport documents and your parcel

The confirmation of Prior Notice submission will be sent to you by email no later than two hours after your request, provided that all necessary information has been filled in. This document must therefore be printed out and enclosed with the other transport documents sent with the parcel.

Chronopost sends a monthly invoice to the account holder, corresponding to €6.80 excl. tax per Prior Notice document issued, which must be paid according to the conditions set out in the contract.







Prior Notice



Fill in one form per shipment and send it to priornotice@chronopost.fr or by fax to +33 172 70 5150

Sender information				
Name of sender or company		Chronopost account No. (mandatory)		
Address		Town or city		
Post code/ZIP code Country		FDA registration No. (11 characters)		
Contact person		Email		
elephone		. Fax		
Recipient information				
		FDA registration No. (11 characters)		
		Town or city		
itate Post code/ZIP code		Country		
Contact person		Email		
「elephone		Fax		
Storage address on arrival in the USA (leav	e blank if identical to th	ne recinient's address		
			No. (11 characters)	
			NO. (Treflaracters)	
			Post code/ZIP code	
OVVII Of City			050 0000 / 211 0000	
Transport information				
Shipment tracking number (mandatory)				
Reason for shipment Commercial	Analysis Othe	er		
Product name (use the additional list on the next page if shipping more than three products)	Number of items	volume per	Manufacturer: name, address & registration No.	
		item	(leave blank if the manufacturer is the sender)	
Have the products listed above ever beer	n refused entry to	another country?	Yes No	
If yes, indicate the product and country c	oncerned			

Your signature below confirms and guarantees that the information declared above is accurate, truthful, genuine and current, and that it will be updated if necessary; you also authorise Chronopost employees to submit the above information to the US Food and Drug Administration or to any other legally authorised organisation.

Prior Notice



Fill in this list for additional products, and send the whole form to priornotice@chronopost.fr or by fax to +33 172 70 5150

ment tracking number (mandato	orv)				
hipment tracking number (mandatory)					
roduct name	Number of items	Net weight or volume per item	Manufacturer: name, address & registration No. (leave blank if the manufacturer is the sender)		
Have the products listed above eve		o another country?	Yes No		